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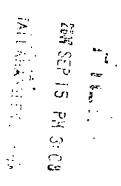
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J. HARRIE

COVER LETTER

Registration Section
Division of Corporations

TO:

| VI SUBJECT: | LLAS DE TUSCANY #906, LLC |
|--|---|
| | ame of Limited Liability Company |
| | |
| The enclosed Articles of Amendment and fee(| s) are submitted for filing. |
| Please return all correspondence concerning the | his matter to the following: |
| CHRISTOPHER | I J. HOERTZ, ESQ. |
| | Name of Person |
| LAW FIRM OF | GARY M. SINGER, P.A. |
| | Firm/Company |
| 1391 SAWGRA | SS CORPORATE PARKWAY |
| | Address |
| SUNRISE, FLO | RIDA 33323 |
| | City/State and Zip Code |
| <u> </u> | NGERLAW.COM |
| E-mail | l address: (to be used for future annual report notification) |
| For further information concerning this matter | , please call: |
| CHRISTOPHER J. HOERTZ, ESQ. | 954 851-1448 at () |
| Name of Person | Area Code Daytime Telephone Number |
| | |
| Enclosed is a check for the following amount: | |
| ■ \$25.00 Filing Fee □ \$30.00 Filing F Certificate of | |
| MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| , | VILLAS DE TUSCA | ANY #906, LLC | | |
|--|--|---------------------------------------|--|--|
| (Name of the Lit | mited Liability Compan (A Florida Limited Li | y as it now appea ability Company) | rs on our records.) | |
| The Articles of Organization for this Limited Florida document number L12000092902 | Liability Company v | vere filed on | JULY 18, 2012 | and assigned |
| This amendment is submitted to amend the fo | | | | |
| A. If amending name, enter the new name | | ity company ho | <u>ere</u> : | |
| | | | | |
| The new name must be distinguishable and contain the | ewords "Limited Liabilit | y Company," the d | lesignation "LLC" or the | abbreviation "L.L.C." |
| Enter new principal offices address, if app | licable: | | | |
| Principal office address MUST BE A STRE | ET ADDRESS) | | | <u> </u> |
| | | | | 50 Sup |
| | Ì | | | N S S |
| Enter new mailing address, if applicable: | | | | pas re- |
| Mailing address MAY BE A POST OFFIC | P_ROX) | | | 7*14 7*1 |
| manny marcos Mill Barriog. 01110. | | | | |
| | | | | |
| B. If amending the registered agent an | d/or_registered_offi | ice address on | our records ente | er the name of the ne |
| egistered agent and/or the new registered | | | our records, em | if the name of the ne |
| | | | | |
| Name of New Registered Agent: | | | | |
| | | | | |
| New Registered Office Address: | | Enter Flor | rida street address | |
| | | Liner 1 to | ida sireer adaress | |
| | | City | , Florida | Zip Code |
| San David and Assault Charles at the territory | | City | | гір Соде |
| New Registered Agent's Signature, if changing | ii. | | | |
| hereby accept the appointment as registe provisions of all statutes relative to the proceept the obligations of my position as regeing filed to merely reflect a change in the company has been notified in writing of the | oper and complete p gistered agent as pr e registered office a | erformance of ovided for in C | my duties, and I an Chapter 605, F.S. O | n familiar with and Or, if this document is |
| | ll. | | | |

If Changing Registered Agent, Signature of New Registered Agent

| | from our records: | manage, enter the title, name, and ad | dress of each person being add |
|---------------------|------------------------------|---------------------------------------|--------------------------------|
| MGR = N AMBR = A | Ianager Authorized Member | | |
| <u>Title</u> | <u>Name</u> | Address | Type of Action |
| MGRM | Ludwig Selso Dorfmeier | P.O. Box 266272 | |
| | | Weston, FL 33326 | Remove |
| | | | □ Change |
| AMBR | Ludwig S. Dorfmeier, Trustee | P.O. Box 266272 | Add |
| | | Weston, FL 33326 | Remove |
| | | | Change |
| | | | |
| | | | Remove |
| | | - | Change |
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| | | | □ Change |

| D. If am | ending any other information, ent | er change(s) here: (Attach additional sheets, i | if necessary) |
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| E. Effect | ive date, if other than the date of f | ling: | (optional) |
| (If an eff | ective date is listed, the date must be specific | and cannot be prior to date of filing or more than 90 day of meet the applicable statutory filing requirement | s after filing.) Pursuant to 605 0207 |
| docum | ent's effective date on the Department | of State's records. | s, this date will not be fisted as |
| | | | |
| If the red | cord specifies a delayed effective | \parallel e date, but not an effective time, at 12: | .01 a.m. on the earlier of |
| (b) The | 90th day after the record is fil | ed. II | |
| | Ω 12 | | |
| Dated | Hugust 30 | 1. 2017./ | |
| | <i></i> | | Na |
| | Signature | a member or authorized representative of a member | |
| | O I grid la Pari | a member of authorized representative of a member | SE! |
| | | CHRISTOPHER J. HOERTZ, ESQ. | |
| | | Typed or printed name of signee | |
| | | | |
| | | Page 3 of 3 | ;- ω · |
| | | | <u>ت</u> کار |
| | | Filing Fee: \$25.00 | |